

1972

Proposals for the Establishment of Social Service Departments at St. John's Hospital and Cowlitz General Hospital, Longview, Washington

Beryl P. Robison
Portland State University

Let us know how access to this document benefits you.

Follow this and additional works at: https://pdxscholar.library.pdx.edu/open_access_etds

 Part of the [Social Work Commons](#)

Recommended Citation

Robison, Beryl P., "Proposals for the Establishment of Social Service Departments at St. John's Hospital and Cowlitz General Hospital, Longview, Washington" (1972). *Dissertations and Theses*. Paper 1749.

[10.15760/etd.1748](https://pdxscholar.library.pdx.edu/open_access_etds/10.15760/etd.1748)

This Thesis is brought to you for free and open access. It has been accepted for inclusion in Dissertations and Theses by an authorized administrator of PDXScholar. For more information, please contact pdxscholar@pdx.edu.

PROPOSALS FOR THE ESTABLISHMENT OF
SOCIAL SERVICE DEPARTMENTS
AT ST. JOHN'S HOSPITAL
AND COWLITZ GENERAL HOSPITAL
LONGVIEW, WASHINGTON

by

BERYL P. ROBISON

A practicum submitted in partial fulfillment
of the requirements for the degree of

MASTER OF SOCIAL WORK

Portland State University
1972

APPROVED:

B. John Hale, MSW, MPH
Practicum Advisor

ABSTRACT

In partial fulfillment of the requirements for the degree of Master of Social Work from Portland State University, it was my desire to do a Practicum which would be of benefit to the community where I live, Longview, Washington. One area in which the shortcomings were apparent was pointed out to me time and again by my husband, who is a practicing physician in Longview and through my own contacts in the community, i.e., neither Cowlitz General Hospital nor St. John's Hospital had a Social Service Department. Therefore, I have written proposals for a Social Service Department for each hospital. There are some slight variations, so that one proposal is applicable to St. John's Hospital and the other, to Cowlitz General Hospital.

The proposal itself does not reflect the numerous contacts with people in the community, the subsequent efforts to implement the establishment of Social Service Departments, and the research and inquiries into available resources. My responsibility in doing a Practicum was to make a useful contribution to an existing agency, not to see to the actual establishment of the departments. This is, however, one of my personal goals. My list of the re-

ferences, therefore, does not include all of the resources consulted in preparation for writing the proposals.

PROPOSAL FOR THE ESTABLISHMENT OF A
SOCIAL SERVICE DEPARTMENT
ST. JOHN'S HOSPITAL
LONGVIEW, WASHINGTON

By Beryl P. Robison

January 27, 1972

FOREWORD

There is a general trend toward establishment of organized Social Service Departments in hospitals of all kinds throughout the United States.^{1,2,3,4} The Joint Commission on Accreditation of Hospitals, in recognizing this trend and need, now requires that "... every hospital shall have a well-defined plan for providing services to the patient with social problems."⁵ Psychosocial problems are by no means peculiar to the indigent. A private patient may have even more difficulty accepting the ramifications of an illness resulting in hospitalization than a Welfare recipient.

Heretofore, there has been no designated professional individual at St. John's Hospital to whom the patient could

¹The Catholic Hospital Association, The One-Worker Social Service Department (St. Louis: The Catholic Hospital Association, 1969), introduction.

²M. Y. Pennell and J. P. Cooney, Jr., "Social Service Departments in Hospitals--1954 and 1964," Hospitals, (March 16, 1967), p. 100.

³Michael P. Connolly, "Special Problems of Lone Workers," The One-Worker Social Service Department (St. Louis: The Catholic Hospital Association, 1969), p. 67.

⁴John Wax, "Developing Social Work Power in a Medical Organization," Social Work (October, 1968), p. 66.

⁵Joint Commission on Accreditation for Hospitals, "Social Services," Accreditation Manual for Hospitals (Chicago: JACH, December, 1970), p. 141.

refer. No one was recognized by the hospital employees in general as the designated person who could deal with problems which were social, but which were decidedly influential in the patient's progress. The purpose of social work in the hospital, then, is to assist the staff (medical, administrative, nursing, and other para-medical) to recognize the needs of the patients as they are influenced by psychosocial and community variables, and to develop services to meet these needs.⁶

⁶Fred Godin, Regina Kulys, Joyce Miller, James Pelikan, and Nancy Shoemaker, "Essentials of Social Work in a General Hospital," Hospital Progress (April, 1971), p. 76.

OBJECTIVES

"In order to promote the optimal social functioning of the patient, Social Services must be available to patients accepted for care, as well as to their families."⁷ That statement is a quote from the JCAH Accreditation Manual.

The formal objectives of Social Service as stated in the Essentials of a Social Service Department in Hospitals and Related Institutions are as follows:

1. To give the entire health team a better understanding of the patient in relation to his social and emotional environment.
2. To help the patient and his family accept the illness and residual physical disability.
3. To assist the patient and his family with problems precipitated by the illness.
4. To encourage optimum utilization of medical care.
5. To help the individual achieve his fullest capacities.
6. To encourage more effective use of hospital beds for the acutely ill through the utilization of other community resources for the chronically ill when hospital care is no longer needed.
7. To encourage development of new resources for unmet social service needs.
8. To participate in studies which will contribute toward improved patient care and health programs in the community.⁸

⁷ JACH, Accreditation Manual for Hospitals.

⁸ American Hospital Association, Essentials of a Social Service Department in Hospitals and Related Institutions (Chicago: American Hospital Association, 1960), pp 3-4.

The focus of the Social Worker's attention and activities is the patient; the next area of responsibility is service to the doctor, to the hospital administration and, finally, to the community at large.⁹ We are seeing more elderly people admitted to the hospital who often need help to leave the hospital and return home. As there are increasing pressures to assure proper utilization of hospital beds, Social Service can be a tremendous value, simultaneously freeing the doctors for more specialized tasks. In treating the whole person in the whole community, the Social Worker becomes a liaison between the hospital and social and health agencies in the community.

Service tasks are to give direct service to individuals and groups, and work with and through the hospital staff and general community to develop and improve total service to the patient.¹⁰

Social Work in no way takes anything away from the other professions practicing in the hospital, but, rather, aims to enlarge their responsibilities and complement their service.¹¹

⁹Sister M. Richard, "Organizing a Social Service Department," Hospital Progress 46:94 (March, 1965), p. 95.

¹⁰John W. Cooper, "The Social Worker's Role in the General Hospital," Hospital Progress (January, 1963) p. 48.

¹¹Ibid.

Social Service can help to develop working relationships which will enhance the care of the patient, not only while in the hospital, but when he returns to the community as well.¹²

¹²Florence M. Hansen, "Social Worker's Role in the Multi-discipline Care of the Patient," The One-Worker Social Service Department (St. Louis: The Catholic Hospital Association, 1969) p. 21.

SERVICES

The Social Worker can offer services listed below.

This is a guideline and should be subject to flexibility.

Emotional Problems The Social Worker is able to recognize a problem and help to resolve it in such areas as patient adjustment to the hospital regime or to his disability, acceptance of diagnosis (from the illness itself to impending death). The Social Worker can work in areas of the family's acceptance of diagnosis or disability and need for help in understanding his limitations, disturbances of patient/family interrelationships, patient's behavior contributing to continuance of illness, suicide attempts, alcoholism, child abuse and counseling of unwed mothers. Inclusive in this type of service would be referrals to social agencies such as Lower Columbia Mental Health Center, The Drug Abuse Prevention Center, Vocational Rehabilitation.

Social Evaluations The Social Worker can select and organize facts about the patient, his family, his environment and his culture which are most relevant for the physician's medical understanding and provide recommendations on the basis of this information.

Financial Planning The Social Worker can help patient and family to evaluate the financial situation and identify

available resources for paying current medical expenses and current ongoing living expenses.¹³

Discharge Planning The Social Worker can assist the patient and family to make the most feasible plan for post-hospital care, taking into consideration the available resources, patient and family needs, and needs of the hospital.¹⁴

Follow-up The Social Worker is available to explore with the patient his need for treatment when he has rejected his physician's recommendations, gain information regarding adjustment, or oversee the follow through necessary to his total well-being.

Other Areas The Social Worker can give assistance in procurement of braces, wheel chairs, appliances and child-care planning.

Educational Activities and Consultation The Social Worker can offer consultation to hospital personnel and to the community.

¹³ Godin and others, p. 80.

¹⁴ Ibid.

REFERRALS

Referrals may come from the attending physician, the patient himself, the patient's family, nursing or other hospital staff member, or concerned agencies. Since the casework service given to the patient/client must be geared to and be in conformity with the primary care for which the patient was admitted to the hospital, it is essential that the Social Service Worker confer with the patient's physician prior to involvement in the case.

"High risk" patients should be referred automatically to the Social Service Department. Such referrals would include attempted suicides, paraplegics, wage earners with long-term illnesses, parents of seriously ill children, or the abused child.

PERSONNEL

Numerous factors must be considered in determining the size of the Social Service staff such as:

1. Complexity of patients' needs and social problems
2. Objectives in terms of patient care
3. Medical recognition of social factors
4. Use of Social Service by medical staff
5. Availability of patient and community resources
6. Hospital facilities
7. Amount of social work time required for travel
8. Attitudes of medical staff, hospital administrator, and board of trustees toward the role and function of the Social Service Department and its use in the hospital setting.¹⁵

Comprehensive studies have shown that the ratio of Social Workers to number of beds in an acute, research and teaching hospital is one Social Worker per twenty-six beds to serve adequately in and outpatient needs of such a hospital.¹⁶ While the needs are different for St. John's Hospital to the extent that the Social Worker's time would not be utilized initially in a teaching capacity, using that 1:26 ratio as a base, it seems feasible to recommend the employment of a director (MSW), a Social Worker assistant (Bachelor's degree) and a clerical worker to meet

¹⁵"A Symposium on Social Work in Hospitals," Hospitals, Vol. 37 (February 1, 1963), p. 30.

¹⁶Recommendations from Sub-Committee for Social Service in Hospitals (An unpublished report), p. 3.

the needs of this hospital with an average occupancy of 70 per cent of its 146 acute beds.

DIRECTOR The director of Social Service should have division or department head status, reporting directly to the hospital administration, and should serve on medical and administrative committees related to operational policy areas, as well as committees that influence and are influenced by social and community conditions and that require some knowledge of individual needs and social organization.

The director should have a master's degree in Social Work and experience in the hospital setting. Administrative ability should be demonstrated.

Job Description: The director of the Social Service Department plans, organizes, and implements the Social Service program and establishes the criteria for selection of cases, priorities, and referral structure. The director, with approval of the hospital administrator, has responsibility for recruitment and selection of Social Work and office staff; testing evaluation of performance; and recommending staff for salary increment, promotion, and termination of employment.¹⁷

¹⁷American Hospital Association, Essentials of a Social Work Program in Hospitals (Chicago: American Hospital Association, 1971) p. 28.

SOCIAL WORK ASSISTANT The Social Work Assistant

should have a bachelor's degree and some casework experience.

Job Description: The Social Work Assistant performs patient services as previously described, under the supervision of a Social Worker.

The differential use of the Social Worker and the Social Work Assistant must be emphasized. The Social Worker has the professional training to become involved in intensive psychosocial treatment, while the social work assistant is supervised by a Social Worker in his performance of services to the patient and is skilled in identifying the situations requiring the services of a Social Worker.

Personnel Policies Personnel policies should be in writing and in accord with the policies of the American Hospital Association. In the personnel plan for Social Service there should be:

1. Position descriptions including qualification requirements and salary scale.
2. Appointment procedures and methods of terminating employment.
3. A system of evaluations and promotion.
4. Other personnel procedures to motivate and implement staff development.

RECORDS AND REPORTS

Records of the Social Service Department should include social data pertinent to patient care, as well as reports on total department services and activities relevant to administration and program planning.

Medical Records Contacts with patients should be recorded in the medical record, including progress notes and summary reports. Entries should be prompt, to keep the record current. Summaries entered should consist of a resume of developments, the results of treatment planning conferences, or conclusions upon completion of treatment in specific phases such as hospitalization, periods of out-patient or home care.¹⁸

All pertinent original reports such as a social history or psychosocial diagnosis or home environment investigation requested by the attending physician belong in the patient's central record. The entry should be identified by department name, signature and professional identification (MSW, ACSW, BA). Entries in the records should be clear and succinct, chronological, analytical, and relevant to the referral, in the interest of good communication.

¹⁸Florence M. Hansen "Communication in the Hospital," The One-Worker Social Service Department (St. Louis: The Catholic Hospital Association, 1969).

Departmental Records on Patients The record should include:

Referral date, reason for and by whom; description of patient; social information; medical information, patient's view, physician's view, diagnosis, procedures and continued treatment; Social Service activity and plan; Social Worker's impressions; and letters to patient, family, or agencies.

Master cards and face sheets are efficient, valuable, and convenient for reference. Master index cards should include patient's name, identification information, date case was opened and closed, and worker's name.

Departmental Records on Services The department's total activities and services should be assessed annually and a report made to the administration, containing both statistical and narrative information reflecting the requests for social service compared with the staff resources, procedures followed, and results achieved. This has obvious value in demonstrating the need and effectiveness of Social Service and is a reliable resource when making requests for expansion or change.

ADMINISTRATION AND FINANCE

Social Services should be organized on a departmental level, headed by its own director, with all staff and personnel subject to the general policies of St. John's Hospital. One of the major Social Service administrative tasks is the integration of its professional services with those of the hospital.

At the outset a Social Service Advisory Committee should be established consisting of key medical, nursing, administrative and community individuals (a representative from the hospital auxiliary and some of the collaborative agencies) for the purpose of familiarizing people with the program and establishing policies.

Proposals for significant policy changes can be presented to and discussed with the Social Service Committee. The committee is an excellent means of keeping the physician, administration and community abreast of what is going on in the department and of keeping communication open.

Financial support of the department is the responsibility of the hospital. The budget would include the items for salaries, education and training (institutes, courses, consultants), publications, supplies and equipment, travel for home calls and compensation for extra help.

1

OFFICES AND EQUIPMENT

Central or accessible location of Social Service offices, preferably in proximity to other treatment personnel, is desirable in order to facilitate communication and is the most efficient use of the social work staff. Privacy for interviews, conferences, telephone calls, and dictation is a necessity to complement the confidential nature of social work tasks.

Main items of equipment required for a Social Service Department are fairly standard, such as: Desks, chairs, telephones, dictating equipment, file cabinets, typewriters and office supplies and should be available to the director upon commencement of employment.

CONCLUSION

Recognition of the psychosocial elements of hospitalization is imperative since no illness is limited to its physical manifestations. Psychosocial factors such as anxiety, reactions to separation from family and familiar surroundings, fear of the unknown, and inability to understand what is happening to him, can delay recovery or, in extreme cases, can destroy the patient's ability to survive.¹⁹

Intervention through a Social Worker's professional counseling is of utmost importance and should be readily available to all patients. The implementation of a Social Service Department is essential to meet the needs of the patient and promote the well-being of those St. John's Hospital serves.

¹⁹ American Hospital Association, The Hospital's Responsibility for the Psychosocial Aspects of Health Care (Chicago: American Hospital Association, 1969).

REFERENCES

- American Hospital Association. Essentials of a Social Service Department in Hospitals and Related Institutions. Chicago: The American Hospital Association, 1960.
- *American Hospital Association. Essentials of Social Work Programs in Hospitals. Chicago: The American Hospital Association, 1971.
- American Hospital Association. The Hospital's Responsibility for the Psychosocial Aspects of Health Care. Chicago: The American Hospital Association, 1969.
- The Catholic Hospital Association. The One-Worker Social Service Department. St. Louis: The Catholic Hospital Association, 1969.
- Cooper, John W. "The Social Worker's Role in the General Hospital." Hospital Progress. (January, 1963) pp. 48-51, 78-81.
- Godin, Fred, Kulys, Regina, Miller, Joyce, Pelikan, James, and Shoemaker, Nancy. "Essentials of Social Work in a General Hospital." Hospital Progress. (April, 1971) pp. 76-82.
- Joint Commission on Accreditation for Hospitals. Accreditation Manual for Hospitals. Chicago: JCAH, 1970.
- Pennell, M. Y. and Cooney, J. P., Jr. "Social Service Departments in Hospitals--1954 and 1964." Hospitals, Vol. 41 (March 16, 1967) pp. 88-100.
- Recommendations from Sub-Committee on Social Service in Hospitals of the Council on Medical and Health Service, Los Angeles Area Chapter NASW (unpublished report).
- Richard, Sister M. "Organizing a Social Service Department." Hospital Progress. (March, 1965) pp. 94-100.
- "A Symposium on Social Work in Hospitals." Hospitals, Vol. 37 (February 1, 1963), pp. 24-32, p. 116.
- Wax, John. "Developing Social Work Power in a Medical Organization." Social Work (October, 1968) pp. 62-71.
- *This is the single most useful document on the subject.

PROPOSAL FOR THE ESTABLISHMENT OF A
SOCIAL SERVICE DEPARTMENT
COWLITZ GENERAL HOSPITAL
LONGVIEW, WASHINGTON

By Beryl P. Robison

May 25, 1972

FOREWORD

There is a general trend toward establishment of organized Social Service Departments in hospitals of all kinds throughout the United States.^{1,2,3,4} The Joint Commission on Accreditation of Hospitals, in recognizing this trend and need, now requires that "... every hospital shall have a well-defined plan for providing services to the patient with social problems."⁵ Psychosocial problems are by no means peculiar to the indigent. A private patient may have even more difficulty accepting the ramifications of an illness resulting in hospitalization than a Welfare recipient.

Heretofore, there has been no designated professional individual at Cowlitz General Hospital to whom the patient

¹The Catholic Hospital Association, The One-Worker Social Service Department (St. Louis: The Catholic Hospital Association, 1969), introduction.

²M. Y. Pennell and J. P. Cooney, Jr., "Social Service Departments in Hospitals--1954 and 1964," Hospitals, (March 16, 1967), p. 100.

³Michael P. Connolly, "Special Problems of Lone Workers," The One-Worker Social Service Department (St. Louis: The Catholic Hospital Association, 1969), p. 67.

⁴John Wax, "Developing Social Work Power in a Medical Organization," Social Work (October, 1968), p. 66.

⁵Joint Commission on Accreditation for Hospitals, "Social Services," Accreditation Manual for Hospitals (Chicago: JACH, December, 1970), p. 141.

could refer. No one was recognized by the hospital employees in general as the designated person who could deal with problems which were social, but which were decidedly influential in the patient's progress. The purpose of social work in the hospital, then, is to assist the staff (medical, administrative, nursing, and other para-medical) to recognize the needs of the patients as they are influenced by psychosocial and community variables, and to develop services to meet these needs.⁶

⁶Fred Godin, Regina Kulys, Joyce Miller, James Pelikan, and Nancy Shoemaker, "Essentials of Social Work in a General Hospital," Hospital Progress (April, 1971), p. 76.

OBJECTIVES

"In order to promote the optimal social functioning of the patient, Social Services must be available to patients accepted for care, as well as to their families."⁷

That statement is a quote from the JCAH Accreditation Manual.

The formal objectives of Social Service as stated in the Essentials of a Social Service Department in Hospitals and Related Institutions are as follows:

1. To give the entire health team a better understanding of the patient in relation to his social and emotional environment.
2. To help the patient and his family accept the illness and residual physical disability.
3. To assist the patient and his family with problems precipitated by the illness.
4. To encourage optimum utilization of medical care.
5. To help the individual achieve his fullest capacities.
6. To encourage more effective use of hospital beds for the acutely ill through the utilization of other community resources for the chronically ill when hospital care is no longer needed.
7. To encourage development of new resources for unmet social service needs.
8. To participate in studies which will contribute toward improved patient care and health programs in the community.⁸

⁷JACH, Accreditation Manual for Hospitals.

⁸American Hospital Association, Essentials of a Social Service Department in Hospitals and Related Institutions (Chicago: American Hospital Association, 1960), pp 3-4.

The focus of the Social Worker's attention and activities is the patient; the next area of responsibility is service to the doctor, to the hospital administration and, finally, to the community at large.⁹ We are seeing more elderly people admitted to the hospital who often need help to leave the hospital and return home. As there are increasing pressures to assure proper utilization of hospital beds, Social Service can be a tremendous value, simultaneously freeing the doctors for more specialized tasks. In treating the whole person in the whole community, the Social Worker becomes a liaison between the hospital and social and health agencies in the community.

Service tasks are to give direct service to individuals and groups, and work with and through the hospital staff and general community to develop and improve total service to the patient.¹⁰

Social Work in no way takes anything away from the other professions practicing in the hospital, but, rather, aims to enlarge their responsibilities and complement their service.¹¹

⁹Sister M. Richard, "Organizing a Social Service Department," Hospital Progress 46:94 (March, 1965), p. 95.

¹⁰John W. Cooper, "The Social Worker's Role in the General Hospital," Hospital Progress (January, 1963) p. 48.

¹¹Ibid.

Social Service can help to develop working relationships which will enhance the care of the patient, not only while in the hospital, but when he returns to the community as well.¹²

¹²Florence M. Hansen, "Social Worker's Role in the Multi-discipline Care of the Patient," The One-Worker Social Service Department (St. Louis: The Catholic Hospital Association, 1969) p. 21.

SERVICES

The Social Worker can offer services listed below.

This is a guideline and should be subject to flexibility.

Emotional Problems The Social Worker is able to recognize a problem and help to resolve it in such areas as patient adjustment to the hospital regime or to his disability, acceptance of diagnosis (from the illness itself to impending death). The Social Worker can work in areas of the family's acceptance of diagnosis or disability and need for help in understanding his limitations, disturbances of patient/family interrelationships, patient's behavior contributing to continuance of illness, suicide attempts, alcoholism, child abuse and counseling of unwed mothers. Inclusive in this type of service would be referrals to social agencies such as Lower Columbia Mental Health Center, The Drug Abuse Prevention Center, Vocational Rehabilitation.

Social Evaluations The Social Worker can select and organize facts about the patient, his family, his environment and his culture which are most relevant for the physician's medical understanding and provide recommendations on the basis of this information.

Financial Planning The Social Worker can help patient and family to evaluate the financial situation and identify

available resources for paying current medical expenses and current ongoing living expenses.¹³

Discharge Planning The Social Worker can assist the patient and family to make the most feasible plan for post-hospital care, taking into consideration the available resources, patient and family needs, and needs of the hospital.¹⁴

Follow-up The Social Worker is available to explore with the patient his need for treatment when he has rejected his physician's recommendations, gain information regarding adjustment, or oversee the follow through necessary to his total well-being.

Other Areas The Social Worker can give assistance in procurement of braces, wheel chairs, appliances and child-care planning.

Educational Activities and Consultation The Social Worker can offer consultation to hospital personnel and to the community.

¹³Godin and other, p. 80.

¹⁴Ibid.

REFERRALS

Referrals may come from the attending physician, the patient himself, the patient's family, nursing or other hospital staff member, or concerned agencies. Since the casework service given to the patient/client must be geared to and be in conformity with the primary care for which the patient was admitted to the hospital, it is essential that the Social Service Worker confer with the patient's physician prior to involvement in the case.

"High risk" patients should be referred automatically to the Social Service Department. Such referrals would include attempted suicides, paraplegics, unwed mothers, pregnant teenage girls, and parents of premature babies, seriously ill children, or the abused child.

PERSONNEL

Numerous factors must be considered in determining the size of the Social Service staff such as:

1. Complexity of patients' needs and social problems
2. Objectives in terms of patient care
3. Medical recognition of social factors
4. Use of Social Service by medical staff
5. Availability of patient and community resources
6. Hospital facilities
7. Amount of social work time required for travel
8. Attitudes of medical staff, hospital administrator, and board of trustees toward the role and function of the Social Service Department and its use in the hospital setting.¹⁵

Comprehensive studies have shown that the ratio of Social Workers to number of beds in an acute, research and teaching hospital is one Social Worker per twenty-six beds to serve adequately in and outpatient needs of such a hospital.¹⁶ While the needs are different for Cowlitz General Hospital to the extent that the Social Worker's time would not be utilized initially in a teaching capacity, using that 1:26 ratio as a base, it seems feasible to recommend the employment of a director (MSW), a Social Worker assistant (Bachelor's degree) and a clerical worker

¹⁵ "A Symposium on Social Work in Hospitals," Hospitals, Vol. 37 (February 1, 1963), p. 30.

¹⁶ Recommendations from Sub-Committee for Social Service in Hospitals (An unpublished report), p. 3.

to meet the needs of this hospital with an average occupancy of 70 per cent of its 91 acute beds.

DIRECTOR The director of Social Service should have division or department head status, reporting directly to the hospital administration, and should serve on medical and administrative committees related to operational policy areas, as well as committees that influence and are influenced by social and community conditions and that require some knowledge of individual needs and social organization.

The director should have a master's degree in Social Work and experience in the hospital setting. Administrative ability should be demonstrated.

Job Description: The director of the Social Service Department plans, organizes, and implements the Social Service program and establishes the criteria for selection of cases, priorities, and referral structure. The director, with approval of the hospital administrator, has responsibility for recruitment and selection of Social Work and office staff; testing evaluation of performance; and recommending staff for salary increment, promotion, and termination of employment.¹⁷

¹⁷American Hospital Association, Essentials of a Social Work Program in Hospitals (Chicago: American Hospital Association, 1971) p. 28.

SOCIAL WORK ASSISTANT The Social Work Assistant should have a bachelor's degree and some casework experience.

Job Description: The Social Work Assistant performs patient services as previously described, under the supervision of a Social Worker.

The differential use of the Social Worker and the Social Work Assistant must be emphasized. The Social Worker has the professional training to become involved in intensive psychosocial treatment, while the Social Work Assistant is supervised by a Social Worker in his performance of services to the patient and is skilled in identifying the situations requiring the services of a Social Worker.

Personnel Policies Personnel policies should be in writing and in accord with the policies of the American Hospital Association. In the personnel plan for Social Service there should be:

1. Position descriptions including qualification requirements and salary scale.
2. Appointment procedures and methods of terminating employment.
3. A system of evaluations and promotion.
4. Other personnel procedures to motivate and implement staff development.

RECORDS AND REPORTS

Records of the Social Service Department should include social data pertinent to patient care, as well as reports on total department services and activities relevant to administration and program planning.

Medical Records Contacts with patients should be recorded in the medical record, including progress notes and summary reports. Entries should be prompt, to keep the record current. Summaries entered should consist of a resume of developments, the results of treatment planning conferences, or conclusions upon completion of treatment in specific phases such as hospitalization, periods of out-patient or home care.¹⁸

All pertinent original reports such as a social history or psychosocial diagnosis or home environment investigation requested by the attending physician belong in the patient's central record. The entry should be identified by department name, signature and professional identification (MSW, ACSW, BA). Entries in the records should be clear and succinct, chronological, analytical, and relevant to the referral, in the interest of good communication.

¹⁸Florence M. Hansen "Communication in the Hospital," The One-Worker Social Service Department (St. Louis: The Catholic Hospital Association, 1969).

Departmental Records on Patients The record should include:

Referral date, reason for and by whom; description of patient; social information; medical information, patient's view, physician's view, diagnosis, procedures and continued treatment; Social Service activity and plan; Social Worker's impressions; and letters to patient, family, or agencies.

Master cards and face sheets are efficient, valuable, and convenient for reference. Master index cards should include patient's name, identification information, date case was opened and closed, and worker's name.

Departmental Records on Services The department's total activities and services should be assessed annually and a report made to the administration, containing both statistical and narrative information reflecting the requests for social service compared with the staff resources, procedures followed, and results achieved. This has obvious value in demonstrating the need and effectiveness of Social Service and is a reliable resource when making requests for expansion or change.

ADMINISTRATION AND FINANCE

Social Services should be organized on a departmental level, headed by its own director, with all staff and personnel subject to the general policies of Cowlitz General Hospital. One of the major Social Service administrative tasks is the integration of its professional services with those of the hospital.

At the outset a Social Service Advisory Committee should be established consisting of key medical, nursing, administrative and community individuals (a representative from the hospital auxiliary and some of the collaborative agencies) for the purpose of familiarizing people with the program and establishing policies.

Proposals for significant policy changes can be presented to and discussed with the Social Service Committee. The committee is an excellent means of keeping the physician, administration and community abreast of what is going on in the department and of keeping communication open.

Financial support of the department is the responsibility of the hospital. The budget would include the items for salaries, education and training (institutes, courses, consultants), publications, supplies and equipment, travel for home calls and compensation for extra help.

OFFICES AND EQUIPMENT

Central or accessible location of Social Service offices, preferably in proximity to other treatment personnel, is desirable in order to facilitate communication and is the most efficient use of the social work staff. Privacy for interviews, conferences, telephone calls, and dictation is a necessity to complement the confidential nature of social work tasks.

Main items of equipment required for a Social Service Department are fairly standard, such as: Desks, chairs, telephones, dictating equipment, file cabinets, typewriters and office supplies and should be available to the director upon commencement of employment.

CONCLUSION

Recognition of the psychosocial elements of hospitalization is imperative since no illness is limited to its physical manifestations. Psychosocial factors such as anxiety, reactions to separation from family and familiar surroundings, fear of the unknown, and inability to understand what is happening to him, can delay recovery or, in extreme cases, can destroy the patient's ability to survive.¹⁹

Intervention through a Social Worker's professional counseling is of utmost importance and should be readily available to all patients. The implementation of a Social Service Department is essential to meet the needs of the patient and promote the well-being of those Cowlitz General Hospital serves.

¹⁹ American Hospital Association, The Hospital's Responsibility for the Psychosocial Aspects of Health Care (Chicago: American Hospital Association, 1969).

REFERENCES

- American Hospital Association. Essentials of a Social Service Department in Hospitals and Related Institutions. Chicago: The American Hospital Association, 1960.
- *American Hospital Association. Essentials of Social Work Programs in Hospitals. Chicago: The American Hospital Association, 1971.
- American Hospital Association. The Hospital's Responsibility for the Psychosocial Aspects of Health Care. Chicago: The American Hospital Association, 1969.
- The Catholic Hospital Association. The One-Worker Social Service Department. St. Louis: The Catholic Hospital Association, 1969.
- Cooper, John W. "The Social Worker's Role in the General Hospital." Hospital Progress. (January, 1963) pp. 48-51, 78-81.
- Godin, Fred, Kulys, Regina, Miller, Joyce, Pelikan, James, and Shoemaker, Nancy. "Essentials of Social Work in a General Hospital." Hospital Progress. (April, 1971) pp. 76-82.
- Joint Commission on Accreditation for Hospitals. Accreditation Manual for Hospitals. Chicago: JCAH, 1970.
- Pennell, M. Y. and Cooney, J. P., Jr. "Social Service Departments in Hospitals--1954 and 1964." Hospitals, Vol. 41 (March 16, 1967) pp. 88-100.
- Recommendations from Sub-Committee on Social Service in Hospitals of the Council on Medical and Health Service, Los Angeles Area Chapter NASW (unpublished report).
- Richard, Sister M. "Organizing a Social Service Department." Hospital Progress. (March, 1965) pp. 94-100.
- "A Symposium on Social Work in Hospitals." Hospitals, Vol. 37 (February 1, 1963), pp. 24-32, p. 116.
- Wax, John. "Developing Social Work Power in a Medical Organization." Social Work (October, 1968) pp. 62-71.
- *This is the single most useful document on the subject.

Appendix

1502 Kessler Boulevard
Longview, Washington 98632
January 27, 1972

Sister Mary Keough
Administrator
St. John's Hospital
Longview, Washington 98632

Dear Sister Mary:

In partial fulfillment of the requirements for the degree of Master of Social Work from The Graduate School of Social Work, Portland State University, it was my desire to undertake a project which would benefit Longview, specifically in the medical area. In talking with people in the community, each hospital's need of a Social Service Department became apparent.

It is my sincere hope that you will find this proposal informative and helpful, will give it your favorable consideration, and that plans to implement it will be under way in the very near future. I am very interested in seeing a Social Service Department established and would be very happy to talk personally with interested groups.

Yours truly,

(Mrs.) Beryl P. Robison

1502 Kessler Boulevard
Longview, Washington 98632
May 25, 1972

Mr. Rex von Krohn
Administrator
Cowlitz General Hospital
Longview, Washington 98632

Dear Mr. von Krohn:

In partial fulfillment of the requirements for the degree of Master of Social Work from the Graduate School of Social Work, Portland State University, it was my desire to undertake a project which would benefit Longview, specifically in the medical area. In talking with people in the community, each hospital's need of a Social Service Department became apparent.

It is my sincere hope that you will find this proposal informative and helpful, will give it your favorable consideration, and that plans to implement it will be under way in the very near future. I am very interested in seeing a Social Service Department established and would be very happy to talk personally with interested groups.

Yours truly,

(Mrs.) Beryl P. Robison